

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / <input checked="" type="radio"/> MR      FIRST      MI <i>Jimmy</i> <i>Bennett</i> <i>R.</i> NICKNAME      LAST      SUFFIX	<b>OFFICE USE ONLY</b> Date Received <div style="text-align: center; border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">                     RECEIVED - CSO                      14 JUL 15 PM 2:40                 </div> Date Hand-delivered or Postmarked Receipt #      Amount Date Processed Date Imaged	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> change of address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE <i>2310 Autumn Oaks Tr, Arlington TX 76006</i>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION (817)      461-0523		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / <input checked="" type="radio"/> MR      FIRST      MI <i>Joe</i> <i>Spencer</i> NICKNAME      LAST      SUFFIX		
<b>7 CAMPAIGN TREASURER ADDRESS (residence or business)</b>	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE <i>2311 Autumn Oaks Tr, Arlington TX 76006</i>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION (817)      633-2332		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year <i>5 / 1 / 14</i> <i>6 / 30 / 14</i>		
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year <i>5 / 10 / 14</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) <i>Arlington City Council District 7</i>	<b>13 OFFICE SOUGHT (if known)</b>	

**GO TO PAGE 2**

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>1</u>	
2 FILER NAME <i>Jimmy R. Bennett</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>6/17/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ARLINGTON POLICE ASSOCIATION PAC</i> 6 Contributor address; City; State; Zip Code <i>P.O. Box <sup>832</sup> 76004 ARLINGTON, TX</i>	7 Amount of contribution (\$) <i>\$3,200.00</i>	8 In-kind contribution description (if applicable) <i>MAILER, SLIMS, LABOR</i>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>5/10/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ARLINGTON PROFESSIONAL FIRE FIGHTERS PAC</i> Contributor address; City; State; Zip Code <i>308 S. FLEWELL RD, ARLINGTON, TX 76013</i>	Amount of contribution (\$) <i>\$1,705.00</i>	In-kind contribution description (if applicable) <i>SLIMS, LABOR</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/10/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RANDY FOX</i> Contributor address; City; State; Zip Code <i>400 E. ASHEM ST., ARLINGTON, TX 76010</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable) <i>FOOD, DRINKS</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/15/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>J. G. Luke</i> Contributor address; City; State; Zip Code <i>P.O. Box 1024, ARLINGTON, TX 76004</i>	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/15/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JAMES &amp; KAREN BASS</i> Contributor address; City; State; Zip Code <i>2709 MOWARCH DR, ARLINGTON, TX 76006</i>	Amount of contribution (\$) <i>\$150.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:	
2 FILER NAME <i>JIMMY R. BENNETT</i>			3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>5/7/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>GEORGE CLANSON</i>	7 Amount of contribution (\$) <i>\$300.00</i>	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code <i>6219 LAKERIDGE RD, ARLINGTON, TX 76016</i>		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)	
Date <i>5/7/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>DAN WHITE</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>1000 BALDARK WAY #300, ARLINGTON TX 76014</i>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date <i>5/7/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>JERRY &amp; JANE MACHOU</i>	Amount of contribution (\$) <i>\$150.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>2200 RACQUET CLUB DR., ARLINGTON, TX 76017</i>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date <i>5/7/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>BAILEY &amp; CONNIE RUFF</i>	Amount of contribution (\$) <i>\$300.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>4102 SHADY VALLEY, ARLINGTON TX 76013</i>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date <i>5/7/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>LARRY FOWLER</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>4100 MORRIS HEIGHTS DR., ARLINGTON, TX 76016</i>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

*Simon R. Bennett*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

*5/7/14*

5 Full name of contributor  out-of-state PAC (ID#:

*Wesley & Robin Maness*

6 Contributor address; City; State; Zip Code

*6314 Millwood Ct. Arlington TX 76016*

7 Amount of contribution (\$)

*\$250<sup>00</sup>*

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

*5/7/14*

Full name of contributor  out-of-state PAC (ID#:

*Paul J. Johnson*

Contributor address; City; State; Zip Code

*2430 Park Run Dr. Arlington TX 76016*

Amount of contribution (\$)

*\$250<sup>00</sup>*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*5/12/14*

Full name of contributor  out-of-state PAC (ID#:

*Wilberd Evangelina Rodriguez*

Contributor address; City; State; Zip Code

*1813 Elmhurst Dr. Arlington TX 76012*

Amount of contribution (\$)

*\$150<sup>00</sup>*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*5/12/14*

Full name of contributor  out-of-state PAC (ID#:

*James & Faye Reader*

Contributor address; City; State; Zip Code

*2004 Channing Park Dr. Arlington TX 76013*

Amount of contribution (\$)

*\$50<sup>00</sup>*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*5/12/14*

Full name of contributor  out-of-state PAC (ID#:

*Rick & Peggy Merritt*

Contributor address; City; State; Zip Code

*3004 Iron Stone Ct. Arlington TX 76006*

Amount of contribution (\$)

*\$250<sup>00</sup>*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

*Jimmy R. Bennett*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

*5/12/14*

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*Jim & Teresa Wagon*

6 Contributor address; City; State; Zip Code

*10 COURTNEY CT, ARLINGTON, TX 76015*

7 Amount of contribution (\$)

*\$500.00*

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

*5/12/14*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*EDWARD & GRAVE McDERMOTT*

Contributor address; City; State; Zip Code

*2114 FRANKLIN DR, ARLINGTON, TX 76011*

Amount of contribution (\$)

*\$100.00*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*6/10/14*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*Joe Bowles*

Contributor address; City; State; Zip Code

*520 AVENUE H EAST #102, ARLINGTON, TX 76014*

Amount of contribution (\$)

*\$100.00*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*6/10/14*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*MARY & CHARLES BRADY*

Contributor address; City; State; Zip Code

*1919 ALAN A DAVENPORT, ARLINGTON, TX 76013*

Amount of contribution (\$)

*\$50.00*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*6/10/14*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*DAVID & JUNE CRAWFORD*

Contributor address; City; State; Zip Code

*6700 DATE HURD, FORT WORTH, TX 76132*

Amount of contribution (\$)

*\$50.00*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

*Jimmy R. Bennett*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

*6/10/14*

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*DONALD B. ROSEMAN*

6 Contributor address; City; State; Zip Code

*701 KUHLMARK, HOUSTON TX 77024*

7 Amount of contribution (\$)

*\$50<sup>00</sup>*

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

*6/10/14*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*JASON & KAITLYN BAILEY*

Contributor address; City; State; Zip Code

*4428 LAFAYETTE ST. BEWAKE TX 77701*

Amount of contribution (\$)

*\$50<sup>00</sup>*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*6/10/14*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*TOM & DEBBIE ELLISON*

Contributor address; City; State; Zip Code

*4608 87th ST. LUBBOCK TX 79424*

Amount of contribution (\$)

*\$50<sup>00</sup>*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*6/10/14*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*CLIFFORD MYCOSTIE*

Contributor address; City; State; Zip Code

*1409 WOODBINE CT., ARLINGTON TX 76012*

Amount of contribution (\$)

*\$250<sup>00</sup>*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*6/10/14*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*CURT & DEBRA McCONNELL*

Contributor address; City; State; Zip Code

*4806 BLUFFVIEW BLVD, ARLING TX 75209*

Amount of contribution (\$)

*\$500<sup>00</sup>*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <u>1</u>
2 FILER NAME <i>Jimmy R. Bennett</i>		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒		\$
5 Date of loan <i>3/28/08</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jimmy R. Bennett</i>	9 Loan Amount (\$) <i>\$20,050.00</i>
6 Is lender a financial Institution?  Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <i>2310 AUTUMN OAKS TR. ARLINGTON, TX 76010</i>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <i>C.P.A.</i>		13 Employer (See Instructions) <i>SELF-EMPLOYED</i>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution?  Y    N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F: <i>12</i>	2 FILER NAME <i>JIMMY R. BENNETT</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>6/17/14</i>	5 Payee name <i>ARLINGTON POLICE ASSOCIATION PAC</i>
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6 Amount (\$) <i>\$3,200.00</i>	7 Payee address; City; State; Zip Code <i>PO-Box 856, ARLINGTON, TX 76004</i>
------------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Fees</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>MAILING, SIGNS, LABOR</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5/10/14</i>	Payee name <i>ARLINGTON PROFESSIONAL FIRE FIGHTERS PAC</i>
------------------------	---

Amount (\$) <i>\$1,705.00</i>	Payee address; City; State; Zip Code <i>208 S. FIELDER RD., ARLINGTON, TX 76013</i>
----------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fees</i>	Description (If travel outside of Texas, complete Schedule T) <i>SIGNS, LABOR</i>
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5/10/14</i>	Payee name <i>RANDY FORD</i>
------------------------	---------------------------------

Amount (\$) <i>\$250.00</i>	Payee address; City; State; Zip Code <i>400 E. ABRAHAM ST., ARLINGTON TX 76010</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>FOOD BEVERAGE</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5/5/14</i>	Payee name <i>Blue Cricket</i>
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Amount (\$) <i>\$1,404.00</i>	Payee address; City; State; Zip Code <i>508 JEMPER DRIVE, ARLINGTON, TX 76018</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fees</i>	Description (If travel outside of Texas, complete Schedule T) <i>WEBSITE</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: <i>2/2</i>	<b>2</b> FILER NAME <i>JIMMY R. BENNETT</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <i>5/18/14</i>	<b>5</b> Payee name <i>MURPHY NASICA</i>	
<b>6</b> Amount (\$) <i>\$1048.77</i>	<b>7</b> Payee address; City; State; Zip Code <i>815-A BRAZOS STREET #304, AUSTIN, TX 78701</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>ADVERTISING</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <i>PUSH CARS</i>
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>6/22/14</i>	Payee name <i>MURPHY NASICA</i>	
Amount (\$) <i>\$1,500.00</i>	Payee address; City; State; Zip Code <i>815-A BRAZOS STREET #304, AUSTIN, TX 78701</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>CONSULTING</i>	Description (If travel outside of Texas, complete Schedule T) <i>CONSULTING</i>
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>6/30/14</i>	Payee name <i>JIMMY BENNETT</i>	
Amount (\$) <i>\$5,000.00</i>	Payee address; City; State; Zip Code <i>2310 AUTUMN DATES TR., ARLINGTON, TX 76006</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>LOAN REPAYMENT</i>	Description (If travel outside of Texas, complete Schedule T) <i>LOAN REPAYMENT</i>
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH  
COVER SHEET PG 2**

**14 C/OH NAME** Jimmy Bennett **15 ACCOUNT #** (Ethics Commission Filers)

**16 NOTICE FROM POLITICAL COMMITTEE(S)**

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input checked="" type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		<u>Arvington Police Association PAC</u>
		COMMITTEE ADDRESS
		<u>P.O. Box 856, Arvington, TX 76004</u>
	COMMITTEE CAMPAIGN TREASURER NAME	<u>John Eric Borton</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS	<u>P.O. Box 856, Arvington, TX 76004</u>

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>50<sup>00</sup></u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>9,405<sup>00</sup></u>
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>14,107.77</u>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>3,154.19</u>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>20,050.00</u>

**18 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder: [Signature]

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jimmy Bennett, this the 15<sup>th</sup> day of July, 20 14, to certify which, witness my hand and seal of office.

Signature of officer administering oath: [Signature] Printed name of officer administering oath: Tina Stewart Title of officer administering oath: notary